| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004   |  |   |                           |                                   |  |                     |            |                     | Application or Docket Number |                            |                  |                        |
|---|--|---|---------------------------|-----------------------------------|--|---------------------|------------|---------------------|------------------------------|----------------------------|------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                           |                                   |  |                     |            | SMALL ENTITY TYPE   |                              | OTHER THAN OR SMALL ENTITY |                  |                        |
| U.S. NATIONAL STAGE FEES  |  |   |                           |                                   |  |                     | 1          | RATE                | FEE                          | 1                          | RATE             | FEE                    |
| BASIC FEE   |  |   |                           |                                   |  |                     |            | BASIC FEE           |                              | OR                         | BASIC FEE        | 300                    |
| EXAMINATION FEE   |  |   |                           |                                   |  |                     | 1          | EXAM. FEE           |                              | 1                          | EXAM. FEE        | 200                    |
| SEARCH FEE  |  |   | ·                         |                                   |  |                     | 1          | SEARCH FEE          | <b></b>                      | 1                          | SEARCH FEE       | 40)                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minus 100 =               |                                   |  | / 50 <sup>°</sup> = | 1          | X \$ 125 =          |                              | 1                          | X \$ 250 =       | 700                    |
| TOTAL CHARGEABLE CLAIMS   |  |   | 23 mir                    | . 3                               |  |                     | X \$ 25 =  |                     | OR                           | X \$ 50 =                  | 100              |                        |
| INDEPENDENT CLAIMS  |  |   | / m                       |                                   | <u>.                                    </u> | 1                   | X \$ 100 = | <del></del>         | OR                           | X \$ 200 =                 | 120              |                        |
| MULTIPLE DEPENDENT CLAIM PRE  |  |   | ESENT                     |                                   |  | 1                   | + \$ 180 = |                     | OR                           | + \$ 360 =                 |                  |                        |
| • If  | the difference                                 | in column 1 is                            | less than zero, enter "0" |                                   |  | olumn 2             |            | · TOTAL             |                              | OR                         | TOTAL            | 1050                   |
| /-  | 3-06   | . CLAIMS HIGHEST                          |                           |                                   |  |                     |            | SMALL E             | NTITY<br>ADDI-               | OR                         | OTHER            | NTITY                  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |                           | PREVIO<br>PAID                    | USLY   | PRESENT<br>EXTRA    |            | RATE                | TIONAL<br>FEE                |                            | RATE             | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . 23                                      | Minus                     | -2                                | 3  | -                   | 1          | X \$ 25 =           |                              | OR                         | X \$ 50° =       |                        |
|   | Independent                                    | • /                                       | Minus                     | <del>ت</del> ٿ                    | 3  | 3/                  | ]          | X \$ 100 =          |                              | OR                         | X \$ 200 =       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                           |                                   |  |                     |            | + \$ 180 =          |                              | OR                         | + \$ 360 =       |                        |
|   |  |   |                           |                                   |  |                     | _          | TOTAL ADDIT.        |                              | OR                         | TOTAL ADDIT. FFF |                        |
|   |  | (Column 1)                                |                           | (Colum                            | n 21   | (Column 3)          |            |                     |                              |                            |                  |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                           | HIGHE<br>NUMB<br>PREVIO<br>PAID F | EST<br>BER<br>USLY                           | PRESENT<br>EXTRA    |            | RATE                | ADDI-<br>TIONAL<br>FEE       |                            | RATE             | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus                     | **                                |  | =                   | 1          | X \$ 25 =           |                              | OR                         | X \$ 50 =        |                        |
|   | Independent                                    | •   | Minus                     | ***                               |  | e                   | 1          | X \$ 100 =          |                              | OR                         | X \$ 200 =       |                        |
|   | FIRST PRES                                     | ENTATION OF M                             | ULTIPLE DEPE              | NDENT C                           | LAIM   |                     | 1          | + \$ 180 =          |                              | OR                         | + \$ 360 =       |                        |
|   |  |   |                           |                                   |  |                     |            | TOTAL ADDIT.<br>FFF |                              | OR                         | TOTAL ADDIT.     |                        |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  The "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                           |                                   |  |                     |            |                     |                              |                            |                  |                        |